

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004749
Report Date: 08/12/2026
Date Signed: 08/12/2026 05:15:50 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/17/2026** and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20260717152221
--	--

FACILITY NAME: ACACIA VILLAS		FACILITY NUMBER: 306004749
ADMINISTRATOR: TAMMY JOO		FACILITY TYPE: 740
ADDRESS: 1620 E. CHAPMAN AVENUE		TELEPHONE: (714) 879-0920
CITY: FULLERTON	STATE: CA	ZIP CODE: 92831
CAPACITY: 99	CENSUS: 96	DATE: 08/12/2026
UNANNOUNCED		TIME BEGAN: 02:35 PM
MET WITH: Tammy Joo, Executive Director		TIME COMPLETED: 05:15 PM

ALLEGATION(S):

1	Staff are sleeping during their shifts.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced subsequent complaint visit to
2	continue to investigate the allegation. LPA was greeted and granted entry by receptionist at 2:35pm. LPA
3	met with Executive Director (ED) Tammy Joo and explained the purpose of the visit.
4	
5	LPA requested a copy of the call light log for the night of July 16, 2026 and early morning of July 17,
6	2026. The facility call light uses pull cords and auditory sounds and does not have a digital call light
7	system. LPA requested vendor information who were doing renovation work in the lobby and requested
8	the evening staff schedule for July 16, 2026.
9	
10	LPA reviewed the following documents from Resident #1 (R1)'s file: Death Report dated July 17, 2026,
11	Identification and Emergency Information Form, Medical Assessment from 11/17/2025 and an
12	Individualized Service Plan dated 6/4/2021. LPA obtained two of two staff documents which include: the
13	(Continued on LIC 9099-C)

Unsubstantiated	Estimated Days of Completion:
-----------------	-------------------------------

SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 22-AS-20260717152221

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ACACIA VILLAS	FACILITY NUMBER: 306004749
	VISIT DATE: 08/12/2026

NARRATIVE	
1	(Continued from LIC 9099)
2	
3	LIC 501, LIC 503, LIC 508, Training documentation. Job descriptions and Employee Corrective Action
4	Forms. Per interview, two of two staff refused to sign the Employee Corrective Action Forms and stated
5	they were inaccurate because the staff were not sleeping.
6	
7	On the evening of July 16, 2026 the front lobby was being renovated and an electrical company was
8	installing wires and lights. Due to the drilling noises and loose wires hanging, staff did not remain in the
9	front lobby and the front doors were open due to the dust. LPA interviewed three of three witnesses. Two
10	of three witnesses stated they did not see staff sleeping during their shift. One of three witnesses
11	confirmed staff were sleeping during their shift.
12	
13	LPA interviewed eight of eight staff members. Seven of eight staff members interviewed denied the
14	allegation that the staff were sleeping during their shift. One staff member was unable to be interviewed.
15	There were no residents that were awake during this time period, thus LPA was unable to interview
16	residents regarding the incident.
17	
18	Based on LPA's record review, observations and interviews, the allegation that Staff are sleeping during
19	their shifts is Unsubstantiated. The allegation may have happened or is valid, but there is not a
20	preponderance of the evidence to prove that the alleged violation occurred. An exit interview was
21	conducted with Executive Director (ED) Tammy Joo and a copy of this report and LIC 811 were provided
22	to the facility.
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2026